NATIONAL SECURITY ASSESSMENT: Defense Supply Chain Network Drop Down Menu Options



National Security Assessment: Defense Supply Chain Network – C4ISR

# Section III – Who Must Respond

A. My facility has manufactured products and/or provided services, directly or indirectly, for U.S. Department of Defense programs since January 2007.
 If your facility is a sub-tier supplier to the U.S. Department of Defense of any sort of product or service, and/or provides products or services through the general commercial marketplace that are incorporated into defense systems by another company downstream in the supply chain, you are required to complete the survey and should answer "Yes" in the box to the right and proceed to Section 1.a.

Yes No

- B. No drop down
- C. Before 2007, did your facility do any work, directly or indirectly, for the U.S. Department of Defense? If "Yes," explain the work you did and the situation that led to your ceasing that work before January 2007.

Yes No

D. Has your facility submitted a survey as part of the 2011 Department of Defense's Sector-by-Sector, Tier-by-Tier (S2T2) assessment of the industrial base?
 If "Yes," indicate in the box to the right. Your organization does not need to provide the same responses again. In this case, use the cell below to provide the name, e-mail address, and telephone number of the person who submitted the previous survey, fill in only Section 1.a of this survey to identify your facility, and submit this survey via email to C4ISRSurvey@bis.doc.gov.

Yes No

# Section 1.a: Company/Facility Information

- A. No drop down
- B. No drop down
- C. My company is headquartered in: No drop down

Parent company name – no drop down

My company is Publicly traded/Privately held:

Publicly traded Privately held

My parent company is Publicly traded/Privately held: Publicly traded Privately held

# Section 1.b: Company/Facility Information (cont.)

- A. No drop down
- B. Select your facility/plant's primary business lines from the drop-down menu below. Provide a short description of the specific work that your facility does in the cell next to each selected category.

Business Line 1, 2 & 3

Distribution/Brokerage/Reseller/Retail Inspection and Quality Control Integration (Product, Systems Integration) IT (Software, Hardware, Installation) Maintenance/Aftermarket Manufacturing (to include Assembly) Manufacturing Systems Development and Management Material Finishing (Machining, Coating, Plating, Assembly, etc.) Material Preparation (Casting, Forming, Molding, Forging, etc.) Product and Design Engineering (Tooling, New Processes, etc.) Professional Services (Legal, Accounting, Consulting, etc.) **Research and Development** Raw Materials Service Testing/Evaluation/Validation Other (specify in description)

- C. Identify the main issues and challenges affecting the long-term viability of your facility/plant's product line(s) or service(s). Select a response for each issue/challenge.
  - Yes No I Do Not Know
- D. No drop down
- E. No drop down

# Section 1.c: Company/Facility Information (cont.)

A. Indicate if your organization qualifies as any of the following types of business.

Yes No I Do Not Know

B. Select from the drop-down menu which description best represents your facility's relationship to your whole company.

\*\*If your facility is part of a business unit/division, list the locations (city, state) of the other facilities that are part of that same business unit/division below.

My facility is also the whole company. My facility is a business unit/division of the whole company. My facility is one of several facilities under the whole company. My facility is one of several facilities under a business unit/division.

# Section 2.a: Product & Service Lines

A. Identify the principal products and/or services that your facility CURRENTLY manufactures/performs. Then, using the drop-downs, indicate whether the customer for this product/service is defense, non-defense government, and/or commercial. Estimate the duration of backlog/order book at current production rates. Finally, identify your primary competitor's name and location for each principal product/service identified. For Primary Competitor Name, a response of "various" or N/A is NOT acceptable. For products with more than one major competitor, either select the most significant one or list several competitors on separate rows.

Principal Product/Service - No drop down

Defense

Yes No

Non-Defense Government

Yes No

Commercial

Yes No Duration of Backlog/Order Book

1-3 months 4-6 months 7-9 months 10-12 months 13-15 months 16-18 months 19-21 months 22-24 months 3 years 4 years 5 years 6 years 7+ years

Primary Competitor Name – No drop down

City – No drop down

State/Province - Full list of states provided

Country - Full list of countries provided

B. Does any part of your production process for defense customers have a significant degree of integration with your non-defense government and/or commercial business? "Integration" might include use of the same machinery, use of the same people, use of the same suppliers, or something else. Explain below.

Yes No

# Section 2.b: Product & Service Lines

A. List the new products/services that your facility/plant intends to offer in the NEXT FIVE YEARS and indicate whether the primary target customer will be defense, non-defense government, and/or commercial customers.

Product/Service- No drop down

Defense

Yes No Non-Defense Government

Yes No

Commercial

Yes No

B. List the products/services that your facility/plant ceased to provide of the PAST FIVE YEARS. Indicate whether the customer was defense, non-defense government, and/or commercial, and the primary reason for ceasing production. Then, indicate whether your facility/plant is able to readily reconstitute this capability.

Product/Service - No drop down Defense Yes No Non-Defense Government Yes No Commercial Yes No Reason for Cease in Production Change in Business Strategy/Restructuring **Competition from New Entrants Competitor Pricing** Distribution Channel/Supply Chain Disruption Drop in Demand Obsolescence Regulation Replaced by Upgrade in Product Line **Rising Input Costs** Other (specify in Comments)

Ability to Readily Reconstitute?

Easily: Weeks-to-Months Challenging: Months Impossible: Years

# **Section 3: Sales Information**

Reporting schedule

Fiscal Year Calendar Year

- A. Total Sales all Customers: 2012-2016\*U.S. and Non-U.S. Increase Decrease Remain the Same
- B. Total Defense Sales: 2008-2011\*U.S. and Non-U.S. 0%-100% Increments of 1%

Total Defense Sales: 2012-2016\*U.S. and Non-U.S. Increase Decrease Remain the Same

C. Total Non-Defense Government Sales: 2008-2011\*U.S. and Non-U.S. 0%-100% (Increments of 1%)

Total Non-Defense Government Sales: 2012-2016\*U.S. and Non-U.S. Increase Decrease Remain the Same

# **Section 4: Operations**

A. Estimate your facility's capacity-utilization rate (see definitions) for each year from 2009-2012. Remember that this utilization rate is compared to maximum capacity if your plant were operated 24-hours, 7-days-a-week.

0%-100% Increments of 1%

B. For your facility, estimate the percent change in unit cost for the following changes in order volume and provide a brief explanation for the change in the adjacent text box. For example, in many manufacturing plants, unit costs vary as fixed costs are spread across different levels of production.

Cost Change %

-100% to +100% increments of 10% Other Decrease Other Increase

C. Estimate your facility's minimum economic sustaining rate, defined as the minimum level of capacity utilization necessary to keep production costs from changing disproportionately to order volume. Explain below.

0%-100% Increments of 1% Not applicable

D. No drop down

# Section 5: Program Participation

A. Identify the principal Department of Defense programs (including Air Force, Army, Navy, Marine Corps, Intelligence Community, Defense Logistics Agency, and/or other defense agency programs) your facility has served, directly or indirectly, in any production or service capacity since January 2009. For each program/system name and product/service specified, identify whether your facility is currently supporting that system.

Programs Listed Below I Do Not Know

**Currently Supporting** 

Yes No

B. No drop down

# **Section 6: Customers**

A. Estimate the percent of your company's products or services that are sold off-the-shelf, built-toprint, and/or custom-developed (see definitions) based on current (2011-present) net sales. Note: If "Not Applicable", indicate in the box to the right, and proceed to Question C. Note: Percentages should total 100%.

0%-100% increments of 10%

B. Do you provide more customization for defense customers or non-defense customers?

Defense Non-Defense Government/ Commercial Not Applicable

C. Since 2008, who are your most important direct customers (including other facilities within your same company)? Provide the customer name, designate the primary focus of the business relationship and the reason for its importance. Then, select the approximate range of aggregate revenue from 2009-2012 for each customer. Finally, identify whether you compete with this customer at any level of your operations. Note: Indicate the specific location to which you deliver your product/service, not your customer's headquarter site. Note: This sections must include responses for ALL columns.

Customer Name- No drop down

City- No drop down

State- Full list of states provided

**Primary Focus** 

DOD Non-Defense Government Commercial Combination of the Above

Reason for Importance

Bank Loans Bond Market/Commercial Paper Corporate Parent Downpayment/Deposit Equity Market Government Financing Private Equity Retained Earnings Other (Specify in Comments)

# Section 7.a: Subcontractor and Supplier Relations

A. Estimate the percent of your facility's revenue that you use to buy inputs such as components and raw materials from external providers (including other facilities owned by your same company). Do not include generic inputs like public utilities.

Not Applicable 0%-5% 6%-10% 11%-15% 16%-20% 21%-25% 26%-30% 31%-35% 36%-40% 41%-45% 46%-50% 51%-55% 56%-60% 61%-65% 66%-70% 71%-75% 76%-80% 81%-85% 86%-90% 91%-95% 96%-100%

B. Do you provide suppliers with incentive payments for on-time deliver or other quality characteristics?

Yes No

C. Identify your facility/plant's most important U.S. supplier/subcontractors that are essential to your ability to make the products used in DoD systems. For each supplier name, indicate what product/service is supplied, the location of the supplier, and the reason that supplier is important. Finally, identify whether that supplier/subcontractor is a competitor at any level of your operations. Note that software providers can be important and should be included on this list, even in the software is a design or production tool that is not directly incorporated into the final product that you deliver to your customers. Important inputs may be commercial-off-the-shelf, government-off-the-shelf, build-to-print, custom designed, or some other arrangement. If you do not know which of your general operations. If your facility has more than 20 important suppliers, fill in the first 20 on the survey and submit a second excel file providing this information for other important suppliers. U.S. Supplier/Subcontractor Name – No drop down

Product/Service- No drop down

Street Address (if known) – No drop down

City – No drop down

State - Full list of states provided

Reason for Importance

Revenue Joint Venture Partner Long-term Relationship Advanced Technology Content Shared Distribution Channel/Supplier Network Stable Production Rate Other (specify in comments)

D. Identify your facility/plant's most important Non-U.S. supplier/subcontractors that are essential to your ability to make the products used in DoD systems. For each supplier name, indicate what product/service is supplied, the location of the supplier, and the reason that supplier is important. Finally, identify whether that supplier/subcontractor is a competitor at any level of your operations. Note that software providers can be important and should be included on this list, even in the software is a design or production tool that is not directly incorporated into the final product that you deliver to your customers. Important inputs may be commercial-off-the-shelf, government-off-the-shelf, build-to-print, custom designed, or some other arrangement. If you do not know which of your products end up in DoD systems, list the most important suppliers/subcontractors for your general operations. If your facility has more than 20 important suppliers, fill in the first 20 on the survey and submit a second excel file providing this information for other important suppliers.

U.S. Supplier/Subcontractor Name - No drop down

Product/Service- No drop down

Street Address (if known) - No drop down

City – No drop down

State - Full list of states provided

Reason for Importance

Revenue Joint Venture Partner Long-term Relationship Advanced Technology Content Shared Distribution Channel/Supplier Network Stable Production Rate Other (specify in comments)

# Section 7.b: Subcontractor and Supplier Relationships (cont.)

A. For each U.S. supplier and product/service listed in Section 7.a, indicated whether a price fluctuation, a delay of the product/service or both would substantially disrupt your facility's operations. Indicate whether the supplier is single or sole source (see definitions). Then, for each product/service, indicate whether your facility maintains an inventory reserve, and if the product/service were no longer available, where your facility would be able to readily produce the product/service in-house.

U.S. Supplier Name – No drop down

Product/Service - No drop down

Disruption in Operations

Price Flux Delay of Product/Service Both None

Single or Sole Source?

Single Source Sole Source Neither

Maintain Inventory Reserve?

Yes No Not Applicable

Produce In-House?

Yes No Not Applicable

B. For each U.S. supplier and product/service listed in Section 7.a, indicated whether a price fluctuation, a delay of the product/service or both would substantially disrupt your facility's operations. Indicate whether the supplier is single or sole source (see definitions). Then, for each product/service, indicate whether your facility maintains an inventory reserve, and if the product/service were no longer available, where your facility would be able to readily produce the product/service in-house.

# U.S. Supplier Name – No drop down

Product/Service – No drop down

**Disruption in Operations** 

Price Flux Delay of Product/Service Both None

Single or Sole Source?

Single Source Sole Source Neither

#### Maintain Inventory Reserve?

Yes No Not Applicable

Produce In-House?

Yes No Not Applicable

# Section 7.c: Subcontractor and Supplier Relationships (cont.)

A. If your defense orders were to substantially decrease, which of your direct suppliers and/or subtier suppliers (companies that supply your subcontractors/suppliers) would be most vulnerable? List the supplier/subtier supplier names and location below. Note: If you do not know or if no suppliers/subtier suppliers would be affected, indicate in the box to the right, and proceed to Question B.

Supplier/Subtier Supplier Name – No drop down

City- No drop down

State/Province - Full list of states provided

Country - Full list of countries provided

B. If your defense orders were to substantially decrease, which of your direct suppliers and/or subtier suppliers (companies that supply your subcontractors/suppliers) would have the greatest difficulty ramping-up production to meet your needs? List the supplier/subtier supplier names and location below. Note: If you do not know or if no suppliers/subtier suppliers would be affected, indicate in the box to the right, and proceed to Question B.

Supplier/Subtier Supplier Name – No drop down

City- No drop down

State/Province – Full list of states provided

Country - Full list of countries provided

# Section 8: Diminishing Manufacturing Sources and Material Shortages

A. Do you incorporate any parts and/or components that are no longer currently in production, are no longer considered "state of the art," and/or are difficult to find, into the products/services that you sell into the defense supply chain? If "Yes," indicate the key parts/components below and the supplier's name and location. Explain your answer. Note: For foreign supplier locations, only indicate country.

Part/Component – No drop down

Supplier Company – No drop down

State/Province – Full list of states provided

Country – Full list of countries provided

Explain – No drop down

B. Identify any materials that are difficult to obtain for the manufacture of products you sell into the defense supply chain. Indicate the material below and you supplier's name and location. Finally, indicate whether there is an alternate source available for each material and explain why you have difficulty obtaining the material/chemical. Note: for foreign supplier locations, only indicate country.

Manufacturing Materials – No drop down

Supplier Company – No drop down

State/Province – Full list of states provided

Country – Full list of countries provided

Alternate Source Available?

U.S. Alternate Source Available Non-U.S. Alternate Source Available Both U.S. and Non-U.S. Alternate Source Available No Alternate Source Not Sure

# **Section 9: Vertical Integration**

A. Do formal partnerships, joint ventures, or vertical integrations with your immediate customers and/or suppliers provide an important competitive advantage for your facility? Select the appropriate response from the drop down. If "for other reasons", explain below.

No, but for other reason(s) No, our competitive advantage primarily comes from other sources No, we do not have such relationships with our immediate customers/suppliers Yes, because such relationships facilitate the sharing of sensitive design information Yes, because such relationships improve our production workflow Yes, because such relationships help link design and production Yes, but for other reason(s)

B. In your facility's business, are you concerned about the potential biases in your customer/supplier relationships because your customers/suppliers are also competitors in your market niche? If "Yes," identify the corresponding product/service with which you are concerned and the DoD program/system supported, if applicable. The, identify the name and location of the customer/supplier who also serves as your competitor.

Product/Service – No drop down

Defense Program/System Name (short name) - No drop down

Name of Customer/Supplier Who Is Competitor – No drop down

City – No drop down

State/Province – Full list of states provided

Country - Full list of countries provided

# Section 10.a: Financial Health

Report select financial measures for your facility for 2009-2011 along with an estimate for 2012. If your company does not track this data at the facility level, provide reasoned, informed estimates. The survey is meant to solicit accurate information about your business rather than precise, auditable data. All data supplied in this survey is protected from disclosure, and even privately held companies must answer. Note: Calendar year data is preferred. Reporting Schedule

Fiscal Year Calendar Year

Income Statement Lines A-J: No drop down

Balance Sheet Lines A-G: No drop down

# Section 10.b: Financial Health (cont.)

A-D: No drop down

E. Did your company undergo any mergers, acquisitions, and/or joint ventures from calendar years 2009-2012? If "Yes," identify your most significant mergers, acquisitions, and/or joint ventures over the period. Then, record the subject entity's name, transaction type, entity's location, calendar year, and the primary objective of the deal.

Entity Name - No drop down

Transaction Type

Merger/Acquisition Joint Venture

Country – Full list of countries provided

Year

Primary Objective – No drop down

# **Section 11: Investment and Capital Expenditures**

A. Select the top three capital types/sources your facility uses to support its operations (see definitions). Then, using the drop downs, rate the ease of access for each type/source for the years 2009-2012. Note: Your response should incorporate sources of working capital and investment capital.

Capital expenditure Reporting Schedule Fiscal Year Calendar Year

- Capital Type or Source Bank Loans Bond Market/Commercial Paper Corporate Parent Downpayment/Deposit Equity Market Government Financing Private Equity Retained Earnings Other (Specify in Comments)
- **B.** Record your facility's capital expenditures corresponding to the selected categories. If your company does not track this information at the facility level, provide reasoned, informed estimates.

Capital Expenditure Reporting Schedule Fiscal Year Calendar Year

Capital Expenditure Category lines a-g

0%-100% increments of 1% Not Applicable

# Section 12.a: Research & Development & Design

A. Do you perform any research and development (R&D) activities at this facility?

Yes, at this facility No, at another facility/business unit within my company No, outsourced to another company/organization No R&D conducted

B. Estimate the percentage of R&D performed for your product(s) that is conducted at this facility rather than outsourced. Explain below.

0%-100% increments of 1% Not Applicable C. Do you have a designated design team at this facility? If "yes", how many people are normally involved in your product design process? Explain.

**Design Team** 

Yes No

Number in Design Team – No drop down

D. Record your facility's total research and development (R&D) dollar expenditures and the percentage of total R&D expenditures relating to DoD, non-defense government, and commercial business lines.

R&D Reporting Schedule Fiscal year Calendar Year

R&D Expenditures lines a-d: No drop down

# Section 12.b: Research & Development (cont.)

Record your facility's total R&D funding dollar amounts. Then, record the total dollar amounts for private R&D funding, R&D funding reimbursed indirectly, and R&D funding paid directly by government. Finally, provide the corresponding percentage breakouts for each category. For 2-12, estimate full year data. Note: If your company's annual Total R&D Expenditures (Section 12.a) and Total R&D Funding Sources do not match, explain the discrepancy in the comments section. Note: calendar year data is preferred.

A. R&D funding sources

Line a and b – No drop down

Line c - g

0%-100% increments of 1% Not Applicable

Line i – No drop down

Line j and K

0%-100% increments of 1% Not Applicable

Line I – No drop down

Line m and n

0%-100% increments of 1% Not Applicable

# Section 13.a: Workforce

Record the total number of full time equivalent (FTE) (see definitions) employees in your facility by occupational type for the 2009-2012 period. Do not double count personnel who may perform cross-operational roles. Estimates are acceptable. Note: Calendar year data is preferred. Note: Lines b. through j. should equal a. (Total Full Time Equivalent Employees) Reporting Schedule

Fiscal Year Calendar Year

- A. Professional Occupations
  Lines a. through j. No drop down
- B. Estimate the percent of your current FTE employees who hold advanced degrees.

0%-100% increments of 1% Not Applicable

C. Estimate the number of scientists and engineers who work in your facility/plant in any capacity-No drop down

# Section 13.b: Workforce (cont.)

A. For your facility, identify what professional occupations are the most difficult to hire and retain. If you have no difficulty hiring or retaining any occupations, select "no difficulty" from the dropdown provided in Box 1.

Lines 1, 2, and 3

Administrative Staff Engineers Facility Operators IT/Network Engineers Management Marketing & Sales Maintenance Staff Quality Control Research & Development Staff Production Line Workers Scientists Support Technicians Testing Operators No Difficulty Other – No drop down

- B. Identify your facility's critical skills/competencies that are essential to your viability and long-term competitiveness. Explain. No drop down
- C. If your defense-related work were to decline or cease, could non-defense government or commercial work help retain workforce skills needed for future defense work? Explain below.

Yes No

# Section 14: Certification

No drop down